

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: _____

Case Number: 22-29

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr. Andrew Tornell

Premise Name: North Buckeye Animal Hospital & Grooming

Premise Address: 1480 South Watson Rd #1, Suite 102

City: Buckeye State: AZ Zip Code: 85326

Telephone: (623) 691-6305

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Wojciech Zalisz

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: _____ Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Zoe (Zoey) Zalisz

Breed/Species: Retriever, Labrador Mix

Age: 11 Sex: Female Color: Black

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Dr. Andrew Tornell

Dr. Jessica Weirich

Dr. Zue Webster

The address for all veterinarians is the same as above.

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

I do not have this information available.

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Wojciech Zalisz

Date: 9/22/2021

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

I would like to write this message to file a complaint against the veterinarians at North Buckeye Animal Hospital & Grooming for a misdiagnose of my 11 years old dog Zoe, that died after the surgery. Almost a year ago my dog fell very sick, showing symptoms of food poisoning. At that time, I was not sure what she could have eaten that could make her very sick, until recently after I read an article about certain foods dogs cannot eat. Among many items, there was a green onion listed. I have realized, that for a fact my dog ate a very small amount of green onion prior becoming sick. Zoe later had a diarrhea, complete lack of appetite, dehydration, drunk tons of water every 10 minutes which she later threw up. At that time she still seemed strong, able to walk. Unfortunately, I did not think about green onion she ate before taking her to the Veterinarian. Upon the visit at the North Buckeye Animal Hospital & Grooming I shared my concern with the veterinarian that my dog could have eaten something. The veterinarian (Dr. Andrew Tornell) did not ask or suggest what kind of food she could have eaten, but insisted to do a blood test. After a basic blood test was done, the results showed signs of a possible infection (without any fever), and this was the final conclusion. He then prescribed antibiotics. The article I read described the symptoms of green onion poisoning exactly as she suffered. Because, the costs of the extended blood tests, x-rays, were too high for me to handle, I decided not to do them during the first visit, and try to give Zoe the antibiotics for the *diagnosed* infection. Zoe refused to take any of them, just tried to drink tons of water. After a week from the first visit Zoe developed an extreme dryness of her nose, and nasal passage bloody blockages. I had to use a wet paper towel to soften the bloody blockages so Zoe could breathe. She was very weak, could not stand strong, and suffered from a seizure. I took Zoe to the clinic immediately, and was told she needed a pyometra surgery done to remove ovaries, because they were infected and full of pus, and likely this was the reason for Zoe's condition. The additional blood tests, and x-rays were done as well. The blood tests showed a very low Red Blood Cell levels, and high White cells levels. As per the article, these kind of results could be caused by eating green onions. As Zoe undeniably had problem with pus-full ovaries, I strongly do not believe this was the reason for Zoe's sickness, because prior eating the green onion she was a full of energy dog, eating normally. Summarizing, I think Zoe's health problem was misdiagnosed, and mishandled. The veterinarians who had seen my dog should have known, that certain foods could cause symptoms similar for poisoning, that also could be similar to ovary infection. They had never asked me what she ate, just jumped to a conclusion there was an infection of ovaries, and the surgery was necessary. As suggested, Dr. Zue Webster did the surgery. She advised me prior it, that the dog could not survive it. I still gave her green light to do it, because it was strongly advised by her, and other vets. Zoe survived the surgery, but died soon after it while still being at the clinic. I feel like I was misinformed, forced to do the surgery, thus cheated for money. I strongly do not believe the surgery was necessary at that time to save my dog's life. They should have listened to me and my concerns about suspected food poisoning. I wish, I had realized that green onion could be a possible reason for the Zoe's problem, and could have clearly explained it to the veterinarians, when she was still alive, and had a chance to be saved. As I wouldn't ask for any reimbursements for the fees I paid, they should refund all of them for malpractice. Please investigate this issue, and advise of your resolution. I have attached all medical documents for Zoe (Zoev). The names of all veterinarians involved

I would like to write this email to file a complaint against the veterinarians at North Buckeye Animal Hospital & Grooming for a misdiagnose of my 11 years old dog Zoe, that died after the surgery. Almost a year ago my dog fell very sick, showing symptoms of food poisoning. At that time, I was not sure what she could have had eaten that could make her very sick, until recently after I read an article about certain foods dogs cannot eat. Among many items, there was a green onion listed. I have realized, that for fact my dog ate a very small amount of green onion prior becoming sick. Zoe had a diarrhea, complete lack of appetite, drunk tons of water every 10 minutes which she later threw up. At that time she still seemed strong, able to walk. Unfortunately, I did not realize she the green onion a year ago, before taking her to the Veterinarian. Upon a visit at the North Buckeye Animal & Hospital located in Buckeye, AZ, I shared my concern with the Vet that my dog could have eaten something. The veterinarian (Dr. Andrew Tornell) did not ask or suggest what kind of food she could have eaten, but insisted to do a blood test. After a basic blood test was done, the results showed signs of a possible infection (without any fever), and this what was concluded. He then prescribed an antibiotics. The article I read described the symptoms of green onion poisoning exactly as she suffered.

Because, the costs of the extended blood tests, x-rays, were too high for me to handle, I decided not to do them during the first visit, and try to give Zoe the antibiotics for the *diagnosed* infection. Zoe refused to take any of them, just tried to drink tons of water. After a week form the first visit Zoe developed an extreme dryness of her nose, and nasal passage bloody blockages. I had to use a wet paper towel to soften the bloody blockages so Zoe could breathe. She was very weak, could not stand strong, and suffered from a seizure. I took Zoe to the clinic immediately, and was told she needed a pyometra surgery done to remove ovaries, because they were infected and full of pus, and likely this was the reason for Zoe's condition. The additional blood tests, and x-rays were done as well. The blood tests showed a very low Red Blood Cell levels, and high White cells levels. As per the article, these kind of results are caused by eating green onions. As Zoe undeniably had problem with pus-full ovaries, I strongly do not believe this was a reason for Zoe's sickness, because prior eating the green onion she was a full of energy dog, eating normally.

Summarizing, I think Zoe's health problem was misdiagnosed, and mishandled. The veterinarians who had seen my dog should have known, that certain foods could cause symptoms similar for poisoning, that also could be similar to ovary infection. They had never asked me what she

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Please investigate this issue, and advise of your resolution.

I have attached all medical documents for Zoe (Zoey). The names of all veterinarians involved (Dr. Andrew Tornell, Dr. Jessica Weirich, Dr. Zue Webster) are listed in the documents.

Thank you,

Wojciech Zalisz

October 3rd, 2021

To whom it may concern,

This account is of my involvement with the client Wojciech Zalisz and the patient "Zoe/Zoey".

On 10/21/2020, a staff member asked me if we could schedule a same-day appointment for a new client/patient that was sick. The reason for the appointment was noted as "not e/d been going on for a couple weeks, problem with eye, very drooly it's clear one time it was brown, diarrhea went on for a couple days, also has a bump on body".

On 10/21/2020 I examined "Zoe/Zoey", an 11 year old intact female Labrador Retriever Mix. The patient history from the client was changes in appetite and thirst for the prior week or two, chronic diarrhea that was worse the past week, not as active per the owner, and a small amount of white discharge from vulva about 2-3 weeks ago, with the last noticed heat cycle being last year. The pet's regular diet is table-scrap, chicken, eggs, dog treats. No distinct vomiting but client reported pet will 'spit up' mucous/foam. The appetite was decreased for the prior week or two and the pet had increased thirst the prior few weeks but had been decreased past few days. The pet was reported to be overdue on vaccines Rabies, DHPP, and Bordetella by the client.

The physical exam of the patient indicated her overweight at 90.8# with a BCS 8/9, normothermic (102.0), with regular heart rate and rhythm. The patient was panting at respiratory rate of 70. The patient was quiet but alert and responsive; noted to be dehydrated with tacky mucous membranes and a prolonged skin tenting. She had moderate generalized periodontal disease with a dental score rating of 3/4. Her ocular exam showed episcleritis with myosis and an immature cataract in her right eye, with her left ocular exam within normal limits. The patient had a ~2cm firm subcutaneous mass of her right elbow and ~3cm semi-firm subcutaneous mass of her right ventral-lateral abdomen. The patient was noted to have a semi-firm and non-painful distended abdomen. No discharge noted from vulva.

While the differential list was long, I prioritized my concerns for the client. I discussed with Wojciech that a senior intact female dog with a distended abdomen, vaginal discharge noted by the client ~2-3 weeks prior, and several other general signs of illness had me concerned for a pyometra, which is a life-threatening condition that often requires surgery. I also discussed with Wojciech that there were other potential causes for her clinical signs, including endocrine/metabolic diseases like diabetes and Addison's disease, infections like valley fever, organ disease including kidneys and liver, toxins, and cancer. I recommended a full workup, including CBC/Chemistry 27/E. canis/Coccidioides titer/cPL/T4. I also discussed that bloodwork to the laboratory would give us the most information but does have a delay, and we have the option to perform less extensive lab work in-clinic to get more rapid information but does have more limitations. Ideally we would like to perform both. I also recommended abdominal radiographs to evaluate for possible pyometra and other causes for abdominal enlargement. I also discussed that if we need additional input, we have the ability to send the radiographs to a boarded radiologist for consult.

The owner declined full lab work to Idexx; declined abdominal radiographs and telemedicine, and elected for in-house CBC/Chemistry 10. I reviewed the in-house lab work with the client; telling the client that the red-blood cells and platelets were normal, but there was a moderate elevation in white blood cells, mild increase in blood proteins, and mild increase in one liver enzyme. I explained to Wojciech the lab work results were consistent with significant infection/inflammation but I am unable to determine the cause without additional testing – discussed I am still concerned about possibilities like pyometra, valley fever, and severe pancreatitis among other possibilities. I discussed there was no indication of diseases like diabetes based on the in-house lab work. The client declined additional testing. I explained that some of the possible causes for Zoey's illness could be life-threatening and it is possible for her to pass away from her illness. I then discussed that I was concerned for Zoey's quality of life, and that humane euthanasia was an option. The owner did not want to euthanize and asked what was possible to help her feel better. I discussed that because I do not know the cause of her illness, I was unable to directly treat the cause. I again stressed the need for additional testing.

The supportive/symptomatic care I recommended for the patient included an oral antibiotic for diarrhea (metronidazole), a broad-spectrum antibiotic for a possible bacterial infection (amoxi/clav), an oral anti-nausea/anti-vomiting medication (cerenia), and subcutaneous fluids to help with dehydration. The client declined the anti-nausea medication and expressed concern for Zoey's right eye. I discussed her right eye does have abnormalities, and that I would recommend a further eye workup pending her other clinical signs but that it is not at the top of my priority list for Zoey due to the other more significant exam findings. The client expressed interest in eye medications, and the patient was prescribed an ophthalmic antibiotic tobramycin. The client requested written prescriptions for the amoxi/clav and the tobramycin. I discussed with Wojciech that I was concerned for Zoey and that I recommended a recheck exam in the next 1-3 days for additional diagnostics because the supportive care is unlikely to resolve her issues. I discussed that she needs very close monitoring, if she worsens at all she needs an exam, and the possibility existed she may need euthanasia depending on potential decline and/or the owners ability for the pet to get surgery if indicated based on additional testing.

The next day, 10/22/2020, the client called at 5:18pm and left a message for any doctor in the clinic, expressing concern for about a possible incorrect diagnosis. This was based on the owner googling her condition and a suspected liver issue. Dr. Michelle Medlin called the client at 6:01pm and left a message to call back to discuss Zoey. I was unaware of this message, as it was removed from our 'queue' once Dr. Medlin marked it completed at 6:01pm on 10/22/2020.

The client called on 10/27/2020 at 5:34pm requesting a liquid antibiotic because he had been unable to get her to take the pills. Dr. Zue Webster responded on 10/28/2020 and provided a written prescription for the liquid formulation.

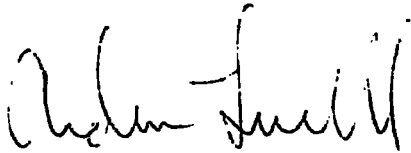
The client came into the clinic on 10/29/2020 at 3:17pm to pick up the written prescription that was previously requested on 10/27/2020. The client expressed concerns about the patient, and the staff member offered an exam for the following day, but the owner declined. The staff documented a message for any doctor, and the message was seen by Dr. Jessica McLaughlin at 7:39pm. Dr. McLaughlin saw that I had most recently examined the patient and verbally relayed the clinical signs to me and

asked if I recommended that she be seen for a recheck exam, which I stated yes. The clinic was closed at that time, and the correspondence was marked for a staff member to call the owner back, detailing that a recheck exam is needed due to the multiple health issues and concerns pertaining to her current clinical signs. Our practice manager called the client on 10/30/2020 at 7:46am and left a message about seeing the patient as soon as possible.

The patient presented to our clinic for a recheck exam on 10/30/2020. The patient was examined by Dr. Jessica Weirich and transferred to Dr. Zue Webster for surgery. Please see the medical record and Dr. Weirich's and Dr. Webster's statements pertaining to their involvement in the care of Zoey. This was the extent of my involvement in this case. I honestly feel that I did everything I could to convey the seriousness of Zoey's medical issues to the owner and that all veterinary care was provided in accordance with the applicable standard of care.

Sincerely,

Dr. Andrew Tornell

A handwritten signature in black ink, appearing to read "Andrew Tornell". The signature is written in a cursive, flowing style with some loops and flourishes.

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, DVM - Chair
Christina Tran, DVM
Carolyn Ratajack
Jarrod Butler, DVM
Steven Seiler - **Absent**

STAFF PRESENT: Tracy A. Riendeau, CVT - Investigations
Marc Harris, Assistant Attorney General

RE: Case: 22-29

Complainant(s): Wojciech Zalisz

Respondent(s): Andrew Tornell, DVM (License: 6633)

SUMMARY:

Complaint Received at Board Office: 9/22/21

Committee Discussion: 3/1/22

Board IIR: 4/20/22

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018

(Lime Green); Rules as Revised September 2013 (Yellow).

On October 21, 2020, "Zoey," an 11-year-old intact female Labrador mix was presented to Respondent due to decreased appetite, increased thirst, and worsening diarrhea. Complainant declined the recommended diagnostics except for in-house blood work. Due to the changes in the blood work, Respondent reported to Complainant that the dog had a significant infection/inflammation. Additional diagnostics were recommended, which were declined. Respondent also recommended supportive care, which Complainant also declined except for antibiotics. The dog was discharged with antibiotics and recommendation for recheck exam in 1 – 3 days.

On October 30, 2020, the dog was presented to Respondent's associate for evaluation; the dog was diagnosed with a pyometra and surgery was recommended. Complainant approved and surgery was performed.

The following day, the dog passed away.

Complainant believes the dog was misdiagnosed and surgery was performed unnecessarily. He suspected the dog had food poisoning after eating green onions.

Complainant was noticed and was not available.

Respondent was noticed and appeared telephonically. Attorney David Stoll was present.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: Wojciech Zalisz
- Respondent(s) narrative/medical record: Andrew Tornell, DVM
- Consulting veterinarian(s) narrative/medical record: Jessica Weirich, DVM; Zue Webster-Alvarez, DVM

PROPOSED 'FINDINGS of FACT':

1. On October 21, 2020, the dog was presented to Respondent for evaluation. Complainant reported the dog had changes in eating and drinking over the past couple weeks. The dog has always had diarrhea, but had become worse. Additionally, the dog had a small amount of vaginal discharge approximately 2 – 3 weeks prior. The dog was not up to date on vaccines. Upon exam, the dog had a weight = 90.8 pounds, a temperature = 102 degrees, a heart rate = 110bpm, and a respiration rate = 70rpm; BCS = 8/9. Respondent noted the dog was 5 – 7% dehydrated, grade 3/4 periodontal disease, left eye changes (episcleritis with myosis; immature cataracts; anisocoria), SQ masses, and a distended non-painful on palpation abdomen.

2. Respondent discussed his findings with Complainant and advised these were non-specific clinical signs of illness. His rule-outs were pyometra, endocrine/metabolic disease, Valley Fever, renal disease, liver disease, toxin, gastrointestinal issue, neoplasia, and other. Respondent recommended a full blood panel to IDEXX with Valley Fever titer – Complainant declined and allowed an in-house CBC/chemistry.

3. Abnormal blood results as follows:

ALKP = 258	(23 – 212)
GLOB = 5.1	(2.5 - 4.5)
WBC = 27.60	(5.50 - 16.90)
MONOS = 4.09	(0.30 - 2.00)
NEUT = 21.09	(2.00 - 12.00)
BASO = 0.15	(0.00 - 0.10)
MCV = 73.2	(55.8 - 71.6)

4. Respondent advised Complainant of the blood results. He explained that they were consistent with significant inflammation/infection however he could not determine the etiology without further testing. His rule-outs were pyometra, Valley Fever, severe pancreatitis, and other. Respondent recommended abdominal radiographs with radiologist consultation – Complainant declined. He advised that the dog could have a life-threatening illness and there was a potential for the dog to pass away. Humane euthanasia was also offered as an option due to the dog's condition. Complainant asked about the left eye; Respondent explained that although abnormal, the eye was not at the top of his priority list – Complainant was interested in eye medication.

5. Respondent recommended SQ fluids, anti-nausea medication, and antibiotics. Complainant declined the anti-nausea medication – he approved the metronidazole prescription and

requested a written prescription for tobramycin and amoxicillin/clavulanate. It appears the dog was administered 1 liter Normosol-R SQ. The dog was discharged with metronidazole and two written prescriptions. Respondent recommended closely monitoring the dog and having a recheck exam in 1 – 3 days.

6. On October 22, 2020, Complainant reported that he did an internet search; he suspected the dog had a liver issue and Respondent misdiagnosed the dog. Respondent's associate attempted to call Complainant to discuss his concerns and had to leave a message on the voicemail.

7. On October 27, 2020, Complainant called the premises requesting a liquid antibiotic because he had been unable to get the dog to take the medication.

8. On October 28, 2020, Respondent's associate, Dr. Webster provided Complainant a written prescription for the liquid formulation of amoxicillin/clavulanate.

9. On October 29, 2020, Complainant picked up the written prescription and relayed to staff that the dog was vomiting, not eating as much, was less bloated, and had crust with blood occluding the dog's nostrils. An appointment was offered to be made – Complainant declined and requested a doctor to call to see if it was necessary for the dog to be seen. Respondent was approached by associate, Dr. McLaughlin, to discuss the case. Respondent recommended the dog be evaluated due to the concerns of multiple health issues. Since the premises was closed at that time, staff was told to call Complainant the following day regarding the need to see the dog.

10. On October 30, 2020, staff left a message for Complainant stating the dog should be seen as soon as possible.

11. Later that day, the dog was seen by Dr. Weirich, Respondent's associate for a recheck exam. She was concerned for a severe illness based on her exam findings and recommended starting with abdominal radiographs, which Complainant approved. Radiographs were consistent with an infected uterus and it was recommended the dog undergo emergency surgery. Complainant was advised of the seriousness of the condition as the dog had a high risk of intraoperative death, however the dog would likely not survive without surgery either. Complainant approved moving forward with surgery and pre-surgical blood work.

12. The dog's care was transferred to associate, Dr. Webster-Alvarez, for the lab work, surgery, and continued care. Prior to surgery, Dr. Webster-Alvarez called Complainant to discuss the lab results. She explained that the dog was very sick and she was concerned the dog may not be able to handle the anesthesia due to her increased renal values and low platelets. Additionally, if the dog survived surgery, there was a chance the dog could die after as well. Complainant understood the risks and approved proceeding with the pyometra surgery.

13. After the surgery, Dr. Webster-Alvarez advised Complainant that the dog made it through surgery but would need additional care – transfer to an emergency facility was offered or home

since the dog would be alone during the evening after they left for the day. Complainant requested the dog remain at the premises overnight.

14. The following day, the dog had urinated and her mucous membranes were pale. The dog was removed from her kennel, was taken outside with the assistance of two staff members and collapsed shortly afterwards. Dr. Webster-Alvarez was called outside. The dog was lateral, non-responsive and agonal. CPR was not attempted due to the DNR. Complainant was called and notified that the dog had passed away.

15. According to Complainant, after doing research online, he suspected the dog had food poisoning which he attributed to the dog eating green onions. He believes that the surgery was unnecessary; he was misinformed, and cheated out of money.

COMMITTEE DISCUSSION:

The Committee discussed that after reviewing the case materials and obtaining testimony from Respondent, they did not feel there was a violation.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the Veterinary Practice Act occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 4 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division